



6030.01 Form

FIRE DETECTION/SUPPRESSION SYSTEM LONG TERM DISABLEMENT REQUEST FORM

(For use when systems are out of service greater than 48 hours)

SYSTEM:	Detection []	Sprinkl	ler[]	Suppression []
	Fire Sprinkler Water Supp	oly[]	Other []	
SYSTEM NUMBER (orange & black label): FP				
LOCATION:				
AREA AFFECTED:				
REASON FOR DISABLEMENT:				
REQUESTED START DATE ESTIMATED REENABLEMENT DATE				
REQUESTOR	2	DATE _	P	HONE #
DIVISION/SECTION SENIOR SAFETY OFFICE			CR	DATE
DIVISION/SECTION HEADDATE				
TO BE COMPLETED BY DIVISION/SECTION BUILDING MANAGER OR FESS-FSM				
DISABLE TA	G#			DATE
SYSTEM RESTORED TO NORMAL - DATE				

NOTE: This form is to be completed by the requestor, and requestor is responsible for obtaining the required signature authorization prior to the request being submitted to FESS Fire Systems Maintenance (FSM) Technicians. The requestor shall be responsible for requesting re-enablement at the earliest opportunity. When the system is disabled, FSM Technicians shall distribute a copy of this request to the below listed personnel. When the system is re-enabled, the FSM Technicians shall send the <u>completed</u> request to the same individuals.

DISTRIBUTION: Requestor, Building Manager, Division/Section Senior Safety Officer, ESH&Q Fire Protection Engineer, Fermilab Fire Department Chief FESS Fire Systems Maintenance – phone 2924 or on-site pager 0269

Fermilab ES&H Manual 6030-1